### FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR LEODM LIMITED OFFEDING EXEMPT

|     | 3     | 7    | 7    | )     | 6        |  |
|-----|-------|------|------|-------|----------|--|
|     | OMB / | APPR | DVAL |       | 7        |  |
| OMB | Mumb  | or   | 333  | 5-007 | <u> </u> |  |

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

| SEC USE ONLY  |        |  |  |  |  |  |  |
|---------------|--------|--|--|--|--|--|--|
| Prefix        | Serial |  |  |  |  |  |  |
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| DATE RECEIVED |        |  |  |  |  |  |  |
|               | 1      |  |  |  |  |  |  |

| 00000011   | UNIFURM LIMITED OFF   | ERING EXEM                            | PHON                                   |
|--|---|---------------------------------------|--|
| Name of Offering (Check if the   | nis is an amendment and name has changed, an  | d indicate change.)                   | ·-··                                   |
| Preferred undivided beneficial   | interests in RCC Trust II   |                                       |  |
| Filing Under (Check box(es) that ap  | ply): Rule 504 Rule 505 📝 Rul   | e 506 Section 4(6)                    | ULOE                                   |
| Type of Filing:  | Amendment   | <del></del>                           |  |
|  | ~   |                                       | PROCESSED                              |
|  | A. BASIC IDENTIFIC  | ATION DATA                            |  |
| I. Enter the information requeste  | d about the issuer  | <u>i</u>                              | NOV 1.3 2006 P                         |
| Name of Issuer ( check if this   | is an amendment and name has changed, and in  | idicate change.)*1                    | 2300                                   |
| RCC Trust II   | •   |                                       | THÚMSUN                                |
| Address of Executive Offices   | (Number and Street,   | City, State, Zip Code)                | Telephone Number (Including Area Code) |
| One Crescent Drive, Suite 203  | , Navy Yard Corporate Center, Philadelp   | hia PA 19112                          | (215) 546-5005                         |
| Address of Principal Business Oper<br>(if different from Executive Offices |   | City, State, Zip Code)                | Telephone Number (Including Area Code) |
| Brief Description of Business  |   | · · · · · · · · · · · · · · · · · · · |  |
| Delaware statutory trust formed  | d in connection with issuance of preferre   | d undivided beneficia                 | al interests                           |
| Type of Business Organization  corporation  business trust                 | limited partnership, already formed limited partnership, to be formed   | . other (p                            | please specify): OCT 1 3 2006          |
| Actual or Estimated Date of Incorporation or Org                           | Month Year oration or Organization: 0 8 0 6 anization: (Enter two-letter U.S. Postal Service CN for Canada; FN for other fore | e abbreviation for State              | mated :: de                            |

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

'Jan

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ✓ Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Resource Capital Corp. Business or Residence Address (Number and Street, City, State, Zip Code) 712 5th Avenue, 10th Floor, New York, NY 10019 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or **Managing Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner General and/or Check Box(es) that Apply: Promoter Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ )Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

# AND ASSIGNMENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or **Managing Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|   | kipidh.                      | e Vide in     |              | 素質BS II     | NFORMAT       | ON ABOU      | T OFFERI                                | NG Page                      | -payk           | 常和計           | de la             |                |
|---|------------------------------|---------------|--------------|-------------|---------------|--------------|---|------------------------------|-----------------|---------------|-------------------|----------------|
| 1 Has th  | e issuer sold                | l or does t   | he iconer in | itend to se | ll to non-a   | ccredited in | nvectors in                             | this offeri                  | no')            |               | Yes               | No<br><b>⊠</b> |
| i. Iras u   | e issuel solu                | i, or does n  |              |             | Appendix,     |              |   |                              | _               | •••••••••••   | L                 | (8)            |
| 2. What   | is the minim                 | um investn    |              |             |               |              | -                                       |                              |                 |               | s <sup>25</sup> , | 00.000,000     |
|   |                              |               |              |             |               |              |   |                              |                 |               | Yes               | No             |
|   | he offering                  |               |              |             |               |              |   |                              |                 |               |                   | <b>X</b>       |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, ar commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a sta or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) |                              |               |              |             |               |              |   | he offering.<br>with a state |                 |               |                   |                |
|   | (Last name :<br>irities, LLC | first, if ind | ividual)     |             |               |              |   |                              |                 |               |                   |                |
|   | r Residence                  | Address (N    | lumber and   | Street, C   | ity, State, Z | ip Code)     |   |                              |                 |               |                   |                |
|   | n Fairfax Dri                |               |              | on, VA 22   | 203           |              |   |                              |                 |               |                   |                |
| Name of A   | ssociated Br                 | oker or De    | aler         |             |               |              |   |                              | •               |               |                   |                |
| States in V   | /hich Person                 | Listed Ha     | s Solicited  | or Intends  | to Solicit    | Purchasers   |   |                              |                 |               |                   |                |
| (Chec   | k "All States                | " or check    | individual   | States)     |               |              | *************************************** | ·····                        |                 |               | All States        |                |
| AL  | AK                           | [AZ]          | AR           | CA          | CO            | CT           | DE}                                     | DC                           | FL              | GA            | Hi]               |                |
| IL  | ĪN                           | IA            | KS           | KŸ          | LA            | ME           | MD                                      | MA                           | MI              | MN            | MS                | MO             |
| MT  | NE ·                         | NV            | NH           | NJ<br>TW    | NM)           | NY)          | NC)                                     | ND]                          | OH              | OK SW         | OR                |                |
| RI  | SC                           | SD            | TN           | [TX]        | <u>UT</u>     | [VT]         | WA]                                     | WA                           | WV              | [ <u>WI</u> ] | WY                | PR             |
| Full Name   | (Last name                   | first, if ind | ividual)     |             |               |              |   | ·,                           |                 |               |                   |                |
| Business  | or Residence                 | Address (i    | Number an    | d Street, C | City, State,  | Zip Code)    |   |                              |                 |               | -                 |                |
|   |                              | ·             |              |             |               |              |   |                              |                 |               |                   |                |
| Name of A   | ssociated Br                 | oker or De    | aler         |             |               |              |   |                              |                 |               |                   |                |
| States in V   | hich Person                  | Listed Ha     | s Solicited  | or Intends  | to Solicit    | Purchasers   |   |                              |                 |               |                   |                |
| (Chec   | k "All States                | or check      | individual   | States)     | •••••         |              |   |                              |                 |               |                   | l States       |
| (AL)  | AK                           | AZ            | AR           | CA          | CO            | CT           | DE                                      | DC                           | FL              | GA            | HI                | ID)            |
| IL  | IN                           | ĪĀ            | KS           | KY          | LA            | ME           | MD                                      | MA                           | MI              | MN            | MS                | MO             |
| MT  | NE                           | NV            | [NH]         | [N]         | NM            | NY           | NC                                      | ND                           | <u>OH</u>       | OK            | OR                | PA             |
| RI  | [SC]                         | SD            | [TN]         | TX          | (UT)          | (VT)         | (VA)                                    | WA                           | [WV]            | <u>w1</u> ]   | WY]               | PR             |
| Full Name   | (Last name                   | first, if ind | ividual)     |             |               |              |   |                              |                 |               |                   |                |
| Business  | or Residence                 | Address (     | Number an    | d Street, C | City, State,  | Zip Code)    |   |                              |                 | <u> </u>      |                   |                |
| Name of A   | ssociated Bi                 | rolean on Da  | ata-         |             | •             |              |   |                              |                 |               |                   |                |
| Name of A   | SSOCIATED DI                 | OKEI OF DE    | aici         |             |               |              |   |                              | •               |               |                   |                |
|   | Vhich Person                 |               |              |             |               |              |   |                              |                 |               |                   |                |
| (Chec   | k "Ali States                | s" or check   | individual   | States)     |               |              |   | •••••                        |                 | ••••••        | A                 | II States      |
| . AL  | AK                           | AZ            | AR           | CA          | CO            | CT           | DE                                      | DC                           | FL              | GA            | HI                | [ID]           |
| IL<br>MT  | IN<br>NE                     | (IA<br>(NV)   | KS           | KY<br>NJ    | [LA]          | ME]          | MD NC                                   | MA                           | <u>МІ</u><br>ОН | MN            | MS                | MO<br>DA       |
| (MT)  | SC                           | SD            | NH<br>TN     | TX          | UT            | NY<br>VT     | NC<br>VA                                | ND<br>WA                     | WV              | OK<br>WI      | OR WY             | PA<br>PR       |

# CSOFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

| ł. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |  |
|----|--|-----------------------------|--|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                               |
|    | Debt   | <u> </u>                    | \$   |
|    | Equity   | 25,000,000.00               | \$_25,000,000.00                                     |
|    | Common Preferred   |                             |  |
|    | Convertible Securities (including warrants)  | \$                          | \$   |
|    | Partnership Interests  | <b>S</b>                    | \$   |
|    | Other (Specify)  | \$                          | <b>\$</b>  |
|    | Total  | 25,000,000.00               | \$ 25,000,000.00                                     |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors | Number<br>Investors         | Aggregate Dollar Amount of Purchases § 25,000,000.00 |
|    | Non-accredited Investors   |                             | \$ 0.00  |
|    | Total (for filings under Rule 504 only)  |                             |  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             | ٠ <u></u>  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |  |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold                                |
|    | Rule 505   |                             | \$   |
|    | Regulation A   | <del></del>                 | \$   |
|    | Rule 504   |                             | \$   |
|    | Total  |                             | \$ 0.00  |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.           |                             |  |
|    | Transfer Agent's Fees  |                             | \$   |
|    | Printing and Engraving Costs   | <u> </u>                    | <b>s</b>   |
|    | Legal Fees   |                             | \$ 48,500.00   |
|    | Accounting Fees  |                             | \$   |
|    | Engineering Fees   | _                           | \$   |
|    | Sales Commissions (specify finders' fees separately)   |                             | \$ 750,000.00  |
|    | Other Expenses (identify) due diligence, Trustee fees and expenses   |                             | \$ 18,500.00   |
|    | Total  |                             | \$ 817,000.00  |

| 1 3 | Porc OFFERING PRICE, NUMI  | BER OF INVESTORS, EXPENSES AND USE OF  | PROCEEDS:  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|
|     | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."  | Question 4.a. This difference is the "adjusted gross   | i .  | \$ 24,183,000.00                                   |  |  |  |  |
| 5.  | Indicate below the amount of the adjusted gross pro<br>each of the purposes shown. If the amount for an<br>check the box to the left of the estimate. The total of<br>proceeds to the issuer set forth in response to Part | y purpose is not known, furnish an estimate and<br>the payments listed must equal the adjusted gross   | l  | ÷ ,  |  |  |  |  |
|     |  |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                              |  |  |  |  |
|     | Salaries and fees  |  | <b>\$</b>  | _ <b></b> .  |  |  |  |  |
|     | Purchase of real estate  |  | <b>\$</b>  |  |  |  |  |  |
|     | Purchase, rental or leasing and installation of mac  | hinery   | s  | <br>□ \$   |  |  |  |  |
|     | Construction or leasing of plant buildings and fac   | ilities  | <b></b>  | s  |  |  |  |  |
|     | Acquisition of other businesses (including the val<br>offering that may be used in exchange for the asso   | ets or securities of another   |  |  |  |  |  |  |
|     | issuer pursuant to a merger)   |  |  | * =  |  |  |  |  |
|     | Repayment of indebtedness  | •  | · <del></del>  |  |  |  |  |  |
|     | Working capital  | ·  | •  |  |  |  |  |  |
|     | Other (specify):   |  |  | •  |  |  |  |  |
|     |  |  | \$   | s  |  |  |  |  |
|     | Column Totals  Total Payments Listed (column totals added)   | ·  | □ \$ 0.00  | _ [\$.245, 1835, <b>00</b> 0.00                    |  |  |  |  |
|     |  |  |  |  |  |  |  |  |
| 100 |  | D-FEDERAL SIGNATURE  |  | War and the second                                 |  |  |  |  |
| sig | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc   | rnish to the U.S. Securities and Exchange Comm redited investor pursuant to paragraph (b)(2) of  | ission, upon writt                                     | ule 505, the following<br>en request of its staff. |  |  |  |  |
|     | uer (Print or Type) CC Trust II  | Signature  |  | _ ,  |  |  |  |  |
|     |  | Title of Signer (Print or Type)  | 10/11/1  |  |  |  |  |  |
|     | me of Signer (Print or Type)<br>chael S. Yecies  | Administrative Trustee   |  |  |  |  |  |  |
|     |  | , and the state of | ······································                 | · · · · · · · · · · · · · · · · · · ·              |  |  |  |  |
|     | •  |  |  |  |  |  |  |  |
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|     |  |  |  |  |  |  |  |  |
|     | •  |  |  |  |  |  |  |  |
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|     | ı,   |  |  |  |  |  |  |  |
|     |  |  | •  |  |  |  |  |  |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E STATE SIGNATURE S   | · [5] |                |  |
|---|-------|----------------|--|
| 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes   | No<br><b>⊠</b> |  |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature              | Date     |
|------------------------|------------------------|----------|
| RCC Trust II           | WOGN                   | 10/11/06 |
| Name (Print or Type)   | Title (Print or Type)  |          |
| Michael S. Yecies      | Administrative Trustee |          |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| APPENDIX APPENDIX |   |    |  |  |                |  |        |  |   |  |  |
|-------------------|---|----|--|--|----------------|--|--------|--|---|--|--|
| _                 | 2 3  Type of security and aggregate offering price offered in state (Part B-Item 1) (Part C-Item 1) |    |  | 4  Type of investor and amount purchased in State  (Part C-Item 2) |                |  |        | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |   |  |  |
| State             | Yes   | No |  | Number of<br>Accredited<br>Investors                               | Amount         | Number of<br>Non-Accredited<br>Investors | Amount | Yes  | No                                      |  |  |
| AL                |   |    |  |  |                | ·  |        |  |   |  |  |
| AK                |   |    |  |  |                |  |        |  | *************************************** |  |  |
| AZ                |   |    |  |  |                |  |        |  |   |  |  |
| AR                |   |    |  |  |                |  |        |  |   |  |  |
| CA                |   |    |  |  |                |  |        |  |   |  |  |
| СО                |   |    |  |  |                |  |        |  |   |  |  |
| СТ                |   |    |  |  |                |  |        |  |   |  |  |
| DE                |   | x  | Preferred Undivided Beneficial<br>Interests - \$25,000,000 | 1  | \$25,000,000.0 | 0  | \$0.00 |  | ×                                       |  |  |
| DC                |   |    |  |  |                |  |        |  |   |  |  |
| FL                |   |    |  |  |                |  |        |  |   |  |  |
| GA                |   |    |  |  |                |  |        |  |   |  |  |
| н                 |   |    |  |  |                | ;<br>                                    |        |  |   |  |  |
| ID                |   |    |  |  |                |  |        |  |   |  |  |
| IL                |   |    |  |  | }              |  |        |  |   |  |  |
| IN                |   |    |  |  |                |  |        |  |   |  |  |
| IA                |   |    |  |  |                |  |        |  |   |  |  |
| KS                |   |    |  |  |                |  |        |  |   |  |  |
| KY                |   |    |  |  |                |  |        |  |   |  |  |
| LA                |   |    |  |  |                |  |        |  |   |  |  |
| ME                |   |    |  |  |                |  |        |  |   |  |  |
| MD                |   |    |  |  |                |  |        |  |   |  |  |
| MA                |   |    |  |  |                |  |        |  |   |  |  |
| МІ                |   |    |  |  |                |  |        |  |   |  |  |
| MN                |   |    |  |  |                |  |        |  |   |  |  |
| MS                |   |    |  |  |                |  |        |  |   |  |  |

# APPENDIX 1 2 3 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item I) Number of Number of Accredited Non-Accredited No Investors No State Yes Amount Investors Amount Yes MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN TX UT VT VA WA wv WI

| 300   |                | Property of |                  | APR                       | ENDIX                |                | 40 2 5 5 5       |                  |                 |  |
|-------|----------------|-------------|------------------|---------------------------|----------------------|----------------|------------------|------------------|-----------------|--|
| 1     |                | 2           | 3                | 4                         |                      |                |                  | 5                |                 |  |
|       |                |             |                  |                           |                      |                |                  | Disqualification |                 |  |
|       |                |             | Type of security | ·                         |                      |                | under State ULOE |                  |                 |  |
| 1     | Intend to sell |             | and aggregate    |                           |                      |                |                  | (if yes, attach  |                 |  |
| 1     | to non-a       | ccredited   | offering price   | [                         | Type of investor and |                |                  |                  |                 |  |
|       |                | s in State  | offered in state | amount purchased in State |                      |                |                  |                  | waiver granted) |  |
|       | (Part B        | -Item 1)    | (Part C-Item 1)  | (Part C-Item 2)           |                      |                |                  | (Part E-Item 1)  |                 |  |
|       |                |             |                  | Number of                 | Number of Number of  |                |                  |                  |                 |  |
|       |                |             |                  | Accredited                |                      | Non-Accredited |                  |                  |                 |  |
| State | Yes            | No          |                  | Investors                 | Amount               | Investors      | Amount           | Yes.             | No              |  |
| WY    |                |             |                  |                           |                      |                |                  |                  |                 |  |
|       | ·              |             |                  |                           |                      |                |                  |                  | <del> </del>    |  |
| PR    |                |             |                  |                           |                      |                |                  |                  |                 |  |